



Office of the Governor

JIM GIBBONS
GOVERNOR

October 12, 2009

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal:

The official state agency for the State Grants to Promote Health Information Technology Program, for the State of Nevada is:

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Sincerely,

A handwritten signature in blue ink that reads "Jim Gibbons".

JIM GIBBONS
Governor

Project Abstract

While the State of Nevada has achieved some progress toward the adoption of health information technology (HIT), it does not have a formal plan for implementing state wide health information exchange (HIE). This has resulted in fragmented efforts and uncoordinated investments in HIT. Nevada plans to use ARRA HIE cooperative agreement funds to develop the necessary Strategic and Operational Plans to facilitate the core infrastructure and capacity that will enable the state wide electronic movement and utilization of health information by health care providers, according to nationally recognized standards. The State will promote HIE that will ensure the appropriate mechanisms and capabilities for information sharing across the health care system. Meaningful use of HIT and HIE will be the foundation for improving the quality and efficiency of Nevada's health care system for all populations.

It is in the best interest of Nevada for its state government to take the leadership role in deploying HIE, and the responsibility has been assigned to the Nevada Department of Health and Human Services (DHHS). By playing a significant role in the design and implementation of a state wide HIE, DHHS can be sure that it will be cost-effective and sustainable, leverage investments already made by the health care community and the state and meet established national standards.

Nevada Governor Jim Gibbons recently issued two Executive Orders to support cohesive and coordinated activities for state wide HIE adoption. On July 15, 2009, the 12-member Nevada Broadband Task Force was established to ensure broadband accessibility, availability, affordability and reliability across the state. The 16-member Nevada Health Information Technology Blue Ribbon Task Force was created on September 16, 2009 to provide oversight and guidance on the successful implementation of state wide HIE. Both Task Forces will play key roles in the development of the Nevada's HIE Strategic and Operational Plans, and will work collaboratively to ensure HIE adoption. During its inaugural meeting on October 9, 2009, the HIT Task Force unanimously voted in support of this application and for state wide HIE implementation.

The Strategic Plan will address the evolution of capabilities supporting HIE, will define governance including the roles of partners and stakeholders and will provide high-level project descriptions for operational planning, implementation and evaluation. The Operational Plan will include detailed timetables and milestones for executing the Strategic Plan state wide, as well as identify barriers, risks and interdependencies for HIT deployment and HIE implementation.

The state intends to utilize 10-12% of its ARRA HIE cooperative agreement funding to develop the necessary strategic and operational plans. This will include the hiring of an external contractor to support the state's efforts and ensure on time submission of the plans to ONC. Nevada anticipates that at least 60% of the funds will be used for implementation of the plans. The remainder of the funding is allocated for the staff and operating expenses necessary to carry out the terms of the agreement and meet the deadlines for deliverables.

Project Narrative

Current State of HIE in Nevada

The State of Nevada has spent more than \$6.9 million in data communication infrastructure over the last five years. It continues to expand connectivity and increase capacity throughout the state, especially in the rural communities. Nevada Medicaid and Nevada Check Up (SCHIP) offers electronic tools, including ePrescribing, to providers.

The Nevada Division of Health Care Financing & Policy (DHCFP) is the State Medicaid and SCHIP agency. DHCFP administers these programs under the Nevada Department of Health and Human Services, which is the single state agency for these programs. As part of an upcoming procurement, DHCFP intends to add the requirement for the successful proposer to provide an HIE for all Medicaid providers, making integrate clinical data and claims history from multiple data sources making this available.

While Nevada has achieved some progress toward the adoption of health information technology (HIT), it does not have a formal plan for implementing state-wide health information exchange (HIE). This has resulted in fragmented efforts and uncoordinated investments in HIT. Nevada plans to use ARRA HIE cooperative agreement funds to develop the necessary Strategic and Operational Plans to facilitate the core infrastructure and capacity that will enable the state wide electronic movement and utilization of health information by health care providers, according to nationally recognized standards. The State will promote HIE that will ensure the appropriate mechanisms and capabilities for information sharing across the health care system. Meaningful use of HIT and HIE will be the foundation for improving the quality and efficiency of Nevada's health care system for all populations.

Nevada is committed to planning, establishing and sustaining a state wide health information exchange network in coordination with key stakeholders. On September 16, 2009, Governor Jim Gibbons issued an executive order creating the Nevada Health Information

Technology Blue Ribbon Task Force to provide oversight and guidance on the planning and adoption of a state wide health information exchange. Comprised of key stakeholders and industry leaders, the Task Force will work with the Nevada Department of Health and Human Services to develop and implement Nevada's HIE Strategic and Operational Plans. The Task Force members appointed by the Governor represent a diverse group that includes health systems and providers, public health, insurance, payers, the university system, and consumers:

Nevada Health Information Technology Blue Ribbon Task Force		
Dr. Raymond Rawson, Chair	Regent	Nevada System of Higher Education
Mare Bennett	President and CEO	HealthInsight, Nevada's QIO
Bobbette Bond		Southern Nevada Health Care Coalition
Chris Bosse	VP of Govt. Relations	Renown Health
Brian Brannman	COO	University Medical Center of Southern Nevada
Tom Chase	CEO	Nevada Health Centers, Inc.
Robert Dornberger	VP of Information Technology	Scolari's Food & Drug Company
Charles Duarte	State Medicaid Director	Nevada Division of Health Care Financing and Policy
Tracey Green, MD		Nevada State Health Officer
Rick Hsu	Partner	Maupin, Cox & Legoy
Leslie Johnstone	Executive Director	Nevada Public Employees' Benefits Program
Scott Kipper		Nevada Insurance Commissioner
Stephen Loos, MD		Great Basin Imaging
Robert Schaich	SVP and CIO	United HealthCare Nevada
Maurizio Trevisan, MD	Executive Vice Chancellor	Nevada System of Higher Education
Glenn Trowbridge		Consumer Representative

In August 2009, the Director of the Nevada Department of Health and Human Services requested and received funding from the Nevada Legislature for an HIT Project Manager and initial operating expenses for the newly created Office of Information Technology, which reports to the DHHS Director. Lynn O'Mara was subsequently hired as the HIT Project Manager and

began work on September 28, 2009. Her first task was to facilitate the initial meeting of the Nevada HIT Blue Ribbon Task Force on October 9, 2009. During its inaugural meeting, the Task Force unanimously voted in support of this application and for state wide HIE.

On July 15, 2009, the Governor issued an Executive Order establishing the Nevada Broadband Task Force to promote the broadband technology opportunities established under ARRA and the Broadband Data Improvement Act. The 12-member group includes representatives from the health care industry. The Broadband Task Force will work in coordination with the HIT Task Force, as there are overlapping priorities and goals. Expanding the availability and accessibility of broadband, along with improving affordability and reliability, are critical to the adoption of HIE state wide.

The University of Nevada (UN) has been an HIT partner for several years. Its Center for Health Statistics and Informatics provides technical capacity and collaborative opportunities for researchers and health professionals in Nevada. Examples of projects conducted by the Center include: 1) improvement of the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program through enhancing its health informatics capacity; 2) performing analyses on and creating linkages among early intervention services; 3) establishing state wide autism database linkage; 4) Behavioral Risk Factor Surveillance Systems (BRFSS) data collection for the State Health Division; and 5) analyses of prenatal care cost and health outcomes.

The UN Center for Health Information and Analysis (CHIA) has developed an extensive database of all inpatient hospital medical claims for Nevada hospitals. CHIA is strategically positioned to provide a repository of all claims for licensed ambulatory surgery centers and outpatient hospital facilities. It is developing web-based quality reporting capabilities for hospital and outpatient services based on these data sets, making specific Nevada hospital data available to both the private and public sectors.

The UN School of Medicine (UNSOM) has worked toward the implementation of a state wide EHR since 2004, and has operated an established EHR within the Mojave Mental Health

practice for several years. UNSOM's partnership with Renown Health, a major community hospital and health system in Northern Nevada, has resulted in a pilot of a complete EMR and Practice Management system. The UN School of Dental Medicine operates in a paperless clinic environment which includes an electronic clinic management system, digital radiology, and electronic textbooks.

Nevada DHHS has initiated HIT and HIE conversations with health care providers, payers, state agencies, public health entities, hospitals, long-term care providers, employers, urban and rural health professionals, clinical researchers, users of HIT, vendors, HIT providers, payers, and health care purchasers, including Medicaid, as well as elderly, disabled, foster care, and patient advocate organizations, etc. In addition, there is a broad base of stakeholders currently participating in the Nevada Information Community Health Exchange (NICHE):

Nevada Information Community Health Exchange (NICHE)	
HealthInsight (Nevada)	
Nevada Rural Hospital Partners (NRHP)	
Nevada Hospital Association (NHA)	
University of Nevada	
United Healthcare Nevada	
University Medical Center of Southern Nevada	
Southern Nevada Medical Industry Coalition	
Renown Health	
Nevada Health Information Management Services Society	
Hospital Corporation of America (HCA)	
Nevada Health Centers, Inc.	
Health Access Washoe County (HAWC)	
Culinary Health Fund	
Nevada Health Care Forum	

Nevada's Legislature recently passed key legislation regarding the protection of personal information. Nevada Revised Statutes Chapter 603A has been revised by Senate Bill 227 (SB 227), which mandates the encryption of personal information when it is transmitted electronically beyond the controls of the data collector. In support of this legislation and its mission of secure

data exchange, the state Office of Information Security is implementing state-of-the-art audit and encryption tools.

ARRA legislation and SB 227 both require a review and update of the State's existing policies and procedures addressing the protection of personal identifiable and health information. The Security Awareness Committee, comprised of the Information Security Officers and professionals from the DHHS' six divisions, is working to identify where commonalities exist within the divisions and consolidate these commonalities by establishing security policies standards and guidelines. The Confidentiality and Privacy Committee, comprised of the HIPAA Officers from each DHHS division, are addressing the new requirements established by HITECH within the ARRA.

Nevada's demographics must be taken into consideration when discussing HIT. It is the 7th largest state, spanning 110,567 square miles and divided into 17 counties. Nevada is also the most mountainous state in the U.S., which will be a challenge for HIT deployment and HIE adoption, and telemedicine is expected to play a supporting role. Nevada has been the fastest growing state in the rate of population growth for nineteen of the last twenty-one years and for the last five consecutive decennial censuses. According to the 2008 certified estimates of the Nevada State Demographer, the state population is 2,738,733, with 289,584 residents (11%) living in frontier and rural Nevada. Approximately 61% of the state's population is white, 7% is African American/Black, 6% is Asian, 1% is American Indian & Alaska Native, and 25% is Hispanic/Latino. All Nevada residents would benefit from HIE adoption, particularly the growing number of seniors. The oldest of the 78 million U.S. baby boomer turn 63 in 2009, according the U.S. Census Bureau. The Nevada Department of Conservation and Natural Resources estimates that boomers make up about 27% of Nevada's population.

Nevada has long experienced a shortage of health care professionals, with over 50 federal Health Professional Shortage Area (HPSA) designations for primary care alone. In 2000, the state rank per 100,000 residents was 47th for the number of physicians, 47th for the number of

nurse practitioners, and 50th for the number of registered nurses. These rankings have improved little, as evidenced by the ongoing HPSA redesignations in the state.

According to the Nevada State Health Division, 14 of the 60 licensed hospitals in the state are located in rural areas, and 11 are also Critical Access Hospitals (CAHs). Nevada has eight federally certified Rural Health Clinics and two Federally Qualified Health Centers that, combined, provide services to medically underserved and uninsured Nevadans, at 35 sites state wide.

In 2006, Nevada's federally designated quality improvement organization, HealthInsight, surveyed Nevada physicians regarding the adoption of HIT in their practices. The survey results indicated that only 20% of Nevada physicians used some form of clinical electronic record. However, the survey results also showed that the records did not communicate with each other, and there were missed opportunities for improving practice performance. HealthInsight also surveyed laboratories, radiology departments, ePharmacies, and Emergency Departments in 2006. While the results indicated the existence of some limited IT exchanges of laboratory data, radiology results, and prescription writing, most Emergency Departments could not access information from other providers in a timely manner. The third survey done by HealthInsight in 2006 was of Critical Access Hospitals (CAHs). The Technical Assistance and Services Center surveyed 5 CAHs in Nevada to identify their use of HIT. The results showed that the rural hospitals were working on IT development through the Nevada Rural Hospital Partners alliance, although they continued to lag behind the larger urban hospitals. The results are summarized in the following table:

2006 CAH IT Survey Results	
Have formal IT plan	
Have budgeted for purchasing IT	60%
Clinicians use hand held computers/ PDAs	80%
Have high-speed internet	40%
Have encrypted e-mail access for all staff	100%
Have computerized claims submissions	80%
Have computerized patient billing	100%
Have computerized payroll	80%
Have computerized registration and admission	100%
Use bar-coded patient identification bracelets	0%
Do NOT use electronic medical records	80%
Keep physician's notes in electronic format	0%
Keep vital signs records in electronic format	0%
Have pharmacies with computerized allergy and drug interactions	60%
Have computerized drug dosage recommendations	60%
Have pharmacies with automated medication dispensing machine	20%
Use telepharmacy	20%
Have computerized clinician review of radiology results	80%
Use teleradiology technology to transmit images electronically	100%
Use telemedicine to consult with clinicians at other sites	0%
Transmit EKG tracings electronically to clinicians at other sites	60%
Share clinical data with other departments within the hospital	80%
Have physician offices/clinics connected to hospital's IT system	20%
Have long-term care facilities connected to hospital's IT system	60%
Share clinical data electronically with other hospitals	20%

The Nevada Rural Hospital Partners (NRHP) created the NRHP Wide Area Network (WAN) for Rural Nevada in 2001. Partnered with the UNSOM, which owns the telecommunication backbone, the WAN supports a secure IT network for sharing teleradiology images and other telehealth services, allowing frontier and rural patients to be seen by a practitioner, without having to travel long distances. Additionally, continuing medical education programs are broadcast between 56 community sites. NRHP maintains an electronic data archive that provides HIPAA compliant offsite data storage. Linkage with off-site/remote radiologists provides rural hospitals with 24/7 radiology coverage.

NRHP is preparing its members for the storage of EMRs, as these systems are developed. Funded by a HRSA/CMP (Health Resources and Services Administration/Congressionally Mandated Telehealth Projects) grant in 2004-05, the DISRN (Diagnostic Imaging Solution for Rural Nevada) project provided seven hospitals with equipment and software for integrating patient information with diagnostic digital images and a centralized information system for image storage and retrieval. In 2008, a second CMP grant was used to add PACS/RIS (picture archiving and communication systems/radiology information system) capability in another NRHP member hospital, improve the RIS capability at the seven existing sites, improve electronic network capability, and integrate existing tele-radiology capability with distant radiologists. NRHP invested in an interface engine enabling members to communicate internally and with each other through HL7.¹

Over the next two years the Nevada Immunization Registry Program will be creating several electronic interfaces. The HL7 interface will allow a provider's EMR system to submit immunization records electronically. The NCQA Health Effectiveness Data and Information Set (HEDIS®) interface will allow the Nevada managed care industry, particularly the HMOs, to gather immunization data on their clients, to meet public reporting requirements. The Web-enabled Vital Records Registration Systems interface will allow the registry to receive birth

¹ HL7 is an interface standard for exchanging and transferring health data between computer systems.

records for creating a population-based registry. The Nevada Immunization Registry Program will also allow parents online access to the registry, for reviewing their child's immunization history.

Effective July 1, 2009, Nevada Revised Statute (NRS) 439.265 mandated that a person who administers a recommended immunization to a child must report specific information regarding that child and the immunization administered to the registry. In December 2009 the Program will be submitting a proposal to include adults in this law.

The Health Division Immunization Program is currently working with its Immunization Registry Vendor to develop a pilot HL7 interface for the electronic update of Immunization administrations. This will provide electronic interface capabilities to immunization providers throughout the state. Immunization reporting to the CDC is uploaded to the CDC's Countermeasures and Response Administration (CRA) system manually through the CDC's Secure Data Network (SDN). Through collaboration with other states, the Health Division is in the process of building out an automated system to achieve level one communications.

The Nevada State Health Division utilizes the NEDSS Base System for infectious disease surveillance and Health Monitoring System's EpiCenter for syndromic surveillance. A stand-alone electronic lab reporting system is utilized for internal reporting through compiled data received from all local and state health authorities. Disease reporting directly to the CDC is securely sent in HL7 format through the Health Division's PHINMS sender in real-time status, and only reportable diseases are sent.

Proposed Project Summary for HIE in Nevada

The State of Nevada plans to use the ARRA cooperative agreement funds to develop, finalize, and implement Health Information Exchange Strategic and Operational Plans for the purpose of expanding electronic health information exchange capabilities to health care providers across the state and achieving a critical mass of users.

As one of the largest health care purchasers and providers within the state, the State itself has a vested interest in ensuring that the adopted HIE system achieves the HIE program goals of delivering higher quality, efficient health care to Nevadans, while controlling costs and serving medically underserved areas, long-term care facilities, the aging, the disabled, children in foster care, people incarcerated, Medicaid recipients, tribal populations, etc.

HIE KEY COMPONENTS



Nevada realizes that its strategic and operational plans will need to coordinate the four components for effective HIE adoption, while addressing the five critical domains necessary for successful implementation. The DHHS Office of Information Technology will facilitate the development of the Nevada HIE Strategic and Operational Plans, in collaboration with the Nevada HIT Blue Ribbon Task Force, the Nevada Broadband Task Force, HealthInsight, the state Medicaid agency, and the Governor's State wide Work Investment Board. While key stakeholders are represented within all these groups, feedback from all stakeholders and the public will be important to developing plans that are viable and sustainable. Establishing

partnerships with relevant state agencies, state and local health authorities, the health care community, and private business entities will also be important for a successful implementation.

In order to sufficiently address the four components and five domains of HIE, Nevada will contract with external subject matter experts to assist with the development of the strategic and operational plans, and funding is being requested for this first phase. While some of the research and planning will be done by affected state agencies, contractors will be utilized to fill in the gaps. The state has already identified that it will require external assistance with the strategic planning process itself, the environmental inventory and needs assessment for the technical infrastructure, the legal and policy review to ensure health information security and privacy, and the determination of the appropriate financial model for sustainability. During the planning phase, the Nevada HIT Blue Ribbon Task Force will provide oversight and guidance on completing the plans on time, while also collaborating on their development and implementation in the second phase. As part of the Executive Order for the Task Force, the members are tasked with developing and measuring performance metrics for successful HIE implementation.

Nevada believes it is in the best interest of the State to take a leadership role in the development and implementation of the HIE Strategic and Operational Plans. It seeks to ensure that state wide HIE is cost-effective, will utilize enterprise-level technology and security solutions, will meet established goals and standards, and will be sustainable without reliance on state general funds. In addition to the planning process, the state envisions that it will need to:

- Establish the pace for HIE adoption by health care providers through possible incentives;
- Create and maintain the HIE vision by facilitating communication among stakeholders;
- Initiate, motivate, develop, engender trust in, and demonstrate value for HIT initiatives;

- Ensure that HIE serves the state wide needs of all Nevadans versus isolated corporate and/or special interests;
- Provide neutral coordination to ensure state wide interoperability between sometimes competing stakeholders;
- Ensure that state laws and regulations are modified to support HIE;
- Facilitate the provision of technical assistance to HIE participants with varied expertise and technological capabilities;
- Provide and monitor patient privacy and data security standards, while ensuring appropriate data access, use, and control across data-exchange participants, as well as compliance with state and federal laws;
- Align HIE interoperability standards and confidentiality policies for HIE entities across the state and at the national level;
- Promote and take advantage of current Hit and HIE initiatives and emerging multistate and national-level development opportunities;
- Collect and analyze vital statistics and identify trends for electronic public health reporting (immunizations, reportable laboratory results, epidemics, quality of treatment, etc.,) which are important for providing proactive health care solutions and supporting research. In addition, data on social economic position and language are important mediators of rural, racial, and ethnic health care disparities; and,
- Proactively educate elected officials to foster communication, coordination, and support for HIE initiatives across Nevada.

Part of the planning process will be the identification of barriers to HIE adoption, which include and will not be limited to: industry, geographic, technical, legal, and financial. These will need to be addressed by the state and the stakeholders. Funding and sustainability issues are the main reasons that HIEs will fail. The State, in collaboration with stakeholders, will need to

assess different strategies for marketing HIE to health care providers, generating revenue, and using incentives, while controlling costs to users. Many small health care providers will not be able to afford purchasing the necessary hardware and software, training staff, converting patient records, and developing new procedures for managing offices. Strategies will be needed for defraying the impact of start-up costs, so HIE participation will be affordable.

Resistance to change is always an issue at all levels: physicians, clerical staff, hospital administrators, and so forth. The state and stakeholders will need to counter this resistance by demonstrating value and return on investment, as well as by providing cost-effective training opportunities and technical support which will ensure efficient changeover to HIT, including redesigning workflow practices. Public workshops and hearings can be employed to educate stakeholders and the public, build public support, and better understand issues and concerns that affect both stakeholders and state residents.

The Strategic and Operational Plans will address the evolution of capabilities supporting HIE, will define the roles of the state, the partners and stakeholders, and provide high-level project descriptions for planning, implementation, and evaluation. Funds from this cooperative agreement would be used shall be used to facilitate and expand the state wide electronic movement and use of health information among health care organizations according to nationally recognized standards by:

- Achieving HIE critical mass participation of health care providers;
- Identifying State or local resources available toward promoting HIE;
- Providing technical assistance for the development and dissemination of solutions to HIE barriers;
- Promoting effective strategies to adopt and utilize health information technology in medically underserved communities;
- Assisting all Nevadans in utilizing health information technology;
- Encouraging clinicians to work with HIT Regional Extension Centers;

- Supporting public health agencies' authorized use of and access to electronic health information; and
- Promoting the use of electronic health records for quality improvement, as well as through quality measures reporting.

The Plans will be developed in the best interest of the residents of Nevada residents. They will be consistent with the strategic plan developed by the Office of the National Coordinator, and will detail how Nevada will execute the plan objectives.

The State will consult with and consider the recommendations of health care providers, including those that provide services to low income and underserved populations; health plans; patient or consumer organizations that represent the population to be served; health information technology vendors; health care purchasers and employers; public health agencies; health professions schools, universities and colleges; clinical researchers; and other users of health information technology such as the support and clerical staff of providers and others involved in the care and care coordination of patients.

The Nevada HIE Strategic Plan and Operational Plan will address all five of the HIE domains: governance, finance, technical infrastructure, business and technical operations, and legal/policy. They will also address the vision, goals, objectives, and strategies for addressing state wide HIE development, implementation, sustainability and ongoing evaluation.

The Strategic Plan is expected to include Health IT adoption, as this will provide a better a more comprehensive approach for planning how to achieve connectivity across the state and promote continuous improvement that will ensure effective and secure HIE across health care providers. The Operational Plan will detail the specific activities and milestones to be accomplished, as well as define the roles of various stakeholders in the development and implementation of HIE services.

Nevada will need to do an environmental scan and inventory to assess the existing level of HIE adoption by health care providers, the current HIE capacities that could be expanded or

leveraged, available HIT resources that could be employed, relevant collaborative opportunities already established, the available human capital which indicates the readiness of HIE implementation state wide, and the readiness of HIE implementation state wide. This may be followed by a gap analysis or needs assessment to determine what will be necessary to move state wide HIE readiness forward to the level of sustainable adoption.

Based on these results, the state would then formulate vision, goals, objectives and strategies associated with HIE capacity development:

- Ensuring that use among all health care providers in the meets federal HIE meaningful use criteria;
- Establish a continuous improvement process for realizing appropriate and secure HIE across health care providers, while improving the coordination, quality, and efficiency of health care;
- Establish HIE between health care providers, public health, and those offering services for patient engagement and data access.

The Strategic and Operational Plans will describe the interdependencies and integration of efforts between the State's Medicaid HIE requirements and the state wide HIE development efforts, including meaningful use. A part of DHHS, DHCFP is the State administrative agency for the Medicaid and SCHIP programs. The DHHS Director is recognized by CMS and has authority under state law to serve as the State's single state Medicaid agency with full authority over the program. As the authorized entity for this agreement and the single state Medicaid agency, the DHHS Director is well positioned to assure cooperation and collaboration with the state Medicaid agency.

Coordination of state wide HIE with Medicare and other federally-funded, state-based programs will be included in the Strategic and Operational Plans. These include and are not limited to the Epidemiology and Laboratory Capacity Cooperative Agreement Program (CDC); Assistance for Integrating the Long-Term Care Population into State Grants to promote Health

IT; Implementation (CMS/ASPE); HIV Care Grant Program Part B States/Territories Formula and Supplemental Awards/AIDS Drug Assistance Program Formula and Supplemental Awards (HRSA); Maternal and Child Health State Systems Development Initiative programs (HRSA); State Offices of Rural Health Policy (HRSA); State Offices of Primary Care (HRSA); State Mental Health Data Infrastructure Grants for Quality Improvement (SAMHSA); State Medicaid/CHIP Programs; IHS and tribal activity; and Emergency Medical Services for Children Program (HRSA). Since many of these programs are under the jurisdiction of the DHHS Director, as the authorized entity for this agreement, he is well positioned to assure cooperation and collaboration with these programs.

The Plans will include a description of the extent to which the various federal care delivery organizations, including but not limited to the VA, DoD, and IHS, will be participating in state HIE activities. As applicable, the Plans will describe the mechanisms for coordinating HIE with other relevant ARRA programs, specifying how:

- HIT Regional Centers will provide technical assistance to health care providers in the State;
- Trained professionals from workforce development programs will be utilized to support state wide HIE; and
- Access to broadband will be expanded.

Key to the successful adoption of HIE state wide in Nevada will be sufficiently and comprehensively addressing the five HIE domains during the planning process. The HIT Project Manager, Lynn O'Mara, will facilitate the development of the Plans in collaboration with the Nevada HIT Blue Ribbon Task Force and stakeholders. HIE accountability and transparency will be determined as part of this process, along with the governance model that best meets Nevada's needs, the business and marketing plan for implementation, and the financial elements necessary for sustainability.

The state wide technical architecture for HIE is NOT developed and ready for implementation according to accepted HIE models. One of the goals of the planning process will be to determine how to develop the core technical infrastructure necessary for state wide HIE that also can be integrated with state-specific Medicaid management information system, with regional HIEs and incrementally include increasing numbers of health care providers in the state so they can send/receive electronic health information. Other technical issues that will be addressed include interoperability, participation in the NHIN (Nationwide Health Information Network), and the data and technical architectures for the state's HIE capacity building, including the appropriate HIE services to be offered. Finally, the planning process will need to incorporate the federal standards and certifications for HIE, especially with respect to planning and accounting for meaningful use criteria.

The Strategic Plan will include a strategy that specifies how the Nevada intends to meet meaningful use HIE requirements, leveraging existing state and regional HIE capacity, and leverage state wide shared services and directories. This part of the plan will describe the incremental approach for delivering HIE services to all geographies and providers across the state; determine what percent of health care providers currently have access to broadband so deficiencies can be addressed; identify what state wide shared services or other state wide technical resources have already been developed and implemented to address business and technical operations; and specify if and when the state HIE infrastructure will participate in the NHIN.

The most critical component of the Strategic and Operational Plans will be how Nevada will address privacy and security issues related to HIE, both intra- and interstate. Working within the federal HHS Privacy and Security Framework, Nevada's statutes and regulations will need to be reviewed and analyzed for relevance and compliance. The HIT Task Force is required to submit a report to the Governor by April 30, 2010, recommending any necessary modifications to state laws that would need to be done during the 2011 session of the Nevada Legislature.

The April 2010 report or November 2010 report of the HIT Task Force will also address the development of policies and procedures necessary to enable and foster information exchange within the State and interstate. Part of the planning process will include reviewing and assessing the adequacy of existing Trust Agreement policies and procedures, and determining what would be required for HIE compliance with federal standards, HIPAA, and state laws and how to monitor that compliance. The Plans will need to detail how to comply with and ensure privacy and security per state and Federal regulations, including: ARRA; HIPAA Privacy Rule; HIPAA Security Rule; Confidentiality of Alcohol and Drug Abuse Patient Records Regulation; and HHS Privacy and Security Framework Principles. HIE with federal health care delivery organizations (VA, DoD, IHS) and across state lines is anticipated and will be determined as part of the planning process. The Plans will include how Nevada intends to collaborate with those entities and how federal requirements will be met, for protection of health data, as applicable.

Required Performance Measures and Reporting

Per ARRA requirements, Nevada will be mandated to report the following:

Objective	Performance Measure	Data the recipient provides for 3-month reporting period	Description
Recovery Act: Preserving jobs	Number of jobs saved (by type) due to Recovery Act funding.	a) How many jobs were prevented from being eliminated with the Recovery Act funding during this reporting period? b) How many jobs that were eliminated within the last 12 months were reinstated with Recovery Act funding?	An unduplicated number of jobs that would have been eliminated if not for the Recovery Act funding during the three-month quarter. Report this data for each position only once during the project period. A job can include full time, part time, contractual, or other employment relationship.

Recovery Act: Creating jobs	Number of jobs created (by type) due to Recovery Act funding.	How many jobs were created with Recovery Act funding this reporting period?	An unduplicated number of jobs created due to Recovery Act funding during the three month quarter. Report this data for each position only once during the award. A job can include full time, part time, contractual, or other employment relationship.
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Nevada DHHS will collaborate with the Nevada State ARRA Director and the Nevada Department of Employment, Training and Rehabilitation (DETR) to obtain the required data. DETR is the lead state agency assigned to track the impact of all Nevada ARRA funding on job creation and retention state wide. The department already has methodologies, tools and strategies in place to collect the required data necessary to meet ARRA reporting requirements.

It will not be difficult for DHHS to gather the information to meet reporting requirements during the planning phase, as it is the de facto lead state agency/organization. Depending on the availability of DHHS human resources, it will either track the data itself, particularly if it is coupled with the development of the Strategic and Operational Plans, or contract with either the Health Division's Office of Health Statistics or UN's CHIA to collect the data and assist with meeting the cooperative agreement reporting requirements. Both entities have established data collection methodologies, tools, and quality control protocols in place to accomplish this task, and have excellent track records of performance.

For the implementation phase, the minimum required performance measures are:

- Percent of providers participating in HIE services enabled by state wide directories or shared services;
- Percent of pharmacies serving people within the state that are actively supporting electronic prescribing and refill requests; and

- Percent of clinical laboratories serving people within the state that are actively supporting electronic ordering and results reporting.

Again, during the development of the Plans, DHHS would determine if it could collect the required data itself or would need to contract with either the Health Division's Office of Health Statistics or UN's CHIA to collect the data.

Nevada understands that it may be required to report on additional measures that will indicate the degree of provider participation in different types of HIE, particularly those required for meaningful use. It also is aware that future areas for performance measures may include: providers' use of electronic prescribing, exchange of clinical summaries among treating providers, immunization, quality, and other public health reporting and eligibility checking.

Project Management

Lynn O'Mara is the state's HIT Project Manager, and is responsible for the day-to-day responsibility for all key tasks, including project leadership, monitoring the project's ongoing progress, preparation of reports, serve as staff to the Nevada HIT Blue Ribbon Task Force, and communications with partners and ONC. As the project moves forward, DHHS believes that three additional FTEs will be needed for a successful HIE implementation. As part of this agreement, funding is being requested in first year for an Administrative Assistant III and an Accounting Assistant III and in the second year for a Health Program Manager I. These positions will report to and support the responsibilities of the HIT Project Manager and the work of the HIT Task Force.

Ms. O'Mara reports directly to Michael Willden, the DHHS Director and project authority designated by the Governor. Mr. Willden will keep the Governor's Office updated about the status of the project, and Ms. O'Mara will do the same with the Nevada ARRA Director. Shawna DeRousse, DHHS Administrative Services Officer, will provide project fiscal management. State Medicaid Director, Charles Duarte will work with Mr. Willden and Ms.

O'Mara to ensure project collaboration and coordination with Medicaid HIE efforts. Mr. Duarte has assigned two of his staff to work directly with the HIT Project Manager: Management Analyst Peggy Martin and Information Systems Manager Mel Rosenberg. The Health Division Information Technology Manager, Ernesto Hernandez, will provide expertise on privacy, security and technology deployment to the project, along with Theresa Presley, the Health Division's Information Security Officer. All of these individuals will provide support to the Nevada HIT Blue Ribbon Task Force, of which Mr. Duarte is an appointed member.

The Nevada Health Information Technology Blue Ribbon Task Force is charged with guiding and overseeing legislative and regulatory actions, encouraging coordinated efforts in the private health care sector, furthering public and private partnerships for the development of a state wide health information infrastructure, maximizing federal financial participation to support the goal of adoption of a sustainable e-health information infrastructure and steering the implementation of Health Information Technology in the State of Nevada. In addition, the Task Force will work with DHHS on the development and implementation of the HIE Strategic and Operational Plans, providing oversight and guidance regarding the five HIE domains and meeting program requirements.

DHHS will utilize Microsoft Project, state fiscal management tools, and focused staff meetings to monitor and track progress of the project's tasks, objectives and deliverables. Staff reports and provided during meetings of the Task Force, along with Task Force feedback, will be used to validate project progress.

Evaluation

The Nevada HIT Blue Ribbon Task Force is charged with developing and measuring performance metrics to evaluate the success of HIE implementation and adoption the state. These would be used to track and maintain project information that could be used for state self-evaluation and for national program-level assessment.

Evaluation criteria will also be developed as part of the planning process, based on the goals and objectives of the Strategic and Operational Plans and the required project and ARRA performance measures, to self-evaluate progress and successful implementation. Program evaluation criteria would also be designed to accommodate possible national program-level evaluation.

Organizational Capability Statement

The mission of the Nevada Department of Health and Human Services (DHHS) is to promote the health and well-being of Nevadans through the delivery or facilitation of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.

DHHS is comprised of the Director's Office and seven divisions: Aging and Disabilities Services, Child and Family Services, Health, Health Care Financing and Policy, Mental Health and Developmental Services, Public Defender and Welfare and Supportive Services. It is the largest department in Nevada state government, with approximately 5,200 employees and 29% of the state budget. As the state Medicaid agency, DHHS has a long history of the effective management of federal monies, and several of the divisions receive the majority of their funding from federal grants. An organization chart is attached.

The Director's Office oversees nine programs and offices, including the newly established Office of Information Technology and the HIT Project Manager. The Grants Management Unit (GMU) is an administrative unit that administers grants to local, regional, and state wide programs serving Nevadans. GMU has long ensured accountability and provided technical assistance for programs administered by the Director's Office and will serve as a model for management of this project. In addition, Ms. O'Mara has experience preparing cogent and useful report for investors, the media, legislators, industry groups, and the State Board of Health.

Biographies for the key DHHS staff on this project are attached and their contact information follows below:

➤ ***Primary Contact:***

Lynn O'Mara, HIT Project Manager

Nevada Department of Health and Human Services

775.684.4005, lgomara@dhhs.nv.gov

➤ ***Project Authority:***

Michael Willden, Director

Nevada Department of Health and Human Services

775.684.4000, m.willden@dhhs.nv.gov

➤ ***State Medicaid Director:***

Charles Duarte, Administrator

Nevada Division of Health Care Financing and Policy

775.684.3677, cduarte@dhcfp.nv.gov

➤ ***Ernesto Hernandez***, IT Manager

Nevada State Health Division

775.684.5923, ehernandez@health.nv.gov

➤ ***Mel Rosenberg***, Information Systems Manager

Nevada Division of Health Care Financing and Policy

775.684.3736, mrosenberg@dhcfp.nv.gov

➤ ***Shawna DeRousse***, Administrative Services Officer

Nevada Department of Health and Human Services

775.684.3494, sderousse@dhhs.nv.gov

➤ **Peggy Martin**, Management Analyst

Nevada Division of Health Care Financing and Policy

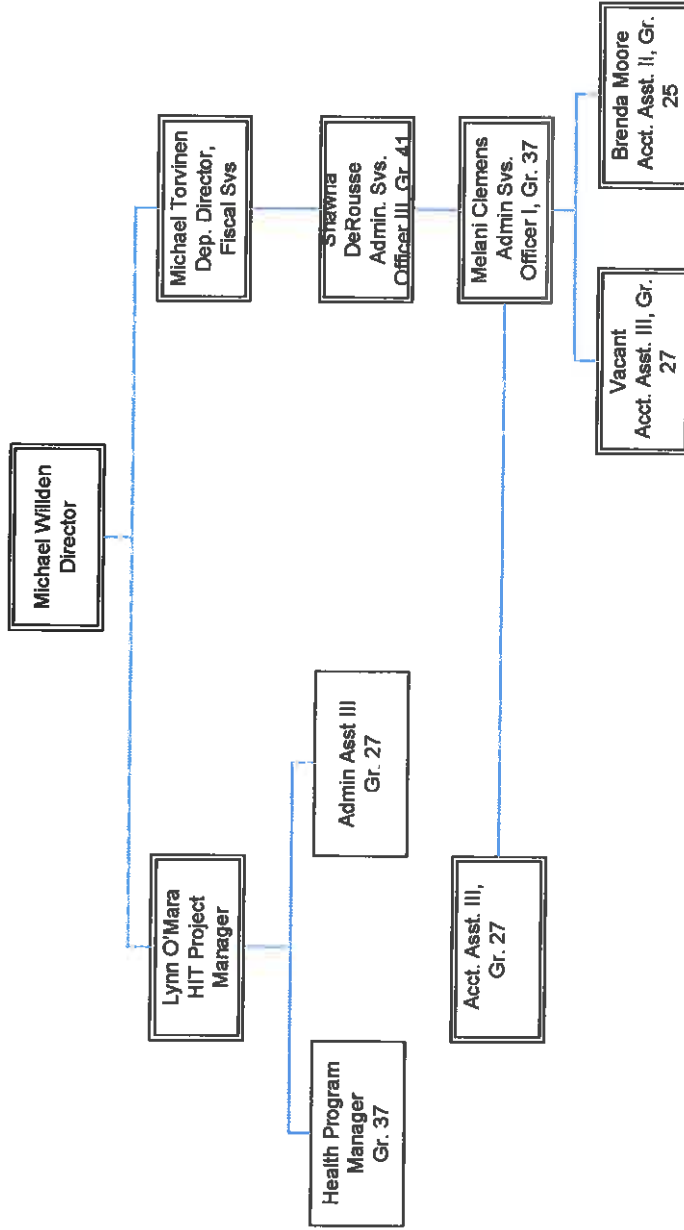
775.684.3735, peggy.martin@dncfp.nv.gov

➤ **Theresa Presley**, Information Security Officer

Nevada State Health Division

775.684.4110 tpresley@health.nv.gov

DHHS DIRECTOR'S OFFICE
DEPUTY DIRECTOR, FISCAL SVCS
CARSON CITY
10/15/2009



Lynn O'Mara has been with the State of Nevada for over 5 years. In October 2009, she was appointed as the state's Health Information Technology Project Manager, and will be managing Nevada's HIE Cooperative Agreement, working with the Nevada Health Information Technology Blue Ribbon Task Force, and coordinating other related statewide HIT/HIE activities. From April 2004 to September 2009, she worked for the Nevada State Health Division, providing program management for various initiatives related to medical facilities and health plans, including improving access to services and quality of care. In January 2008, management of the state's Primary Care Office was added to her responsibilities, and she led a much-needed reengineering of the J-1 Visa Waiver program for foreign-born physicians. Ms. O'Mara has also served as a division legislative liaison, and co-authored legislation passed during the 2009 session of the Nevada Legislature. She earned a Bachelor of Arts from Rosary College (now part of Dominican University, River Forest, IL), and spent ten years working as a Registered Dietitian, providing direct patient care and managing clinical staff at both large teaching and small community hospitals in Chicago and southern California. During that time, she earned her Masters in Business Administration from Pepperdine University (Malibu, CA). Prior to relocating to Nevada, Ms. O'Mara spent over ten years in high tech corporate communications and marketing, working for a defense electronics firm and as a marketing communications consultant. She has also been an instructor at the Reno campus of the University of Phoenix. Ms. O'Mara held a Secret level military security clearance while working in defense electronics.

Michael Willden has served as Director of the Department of Health and Human Services (DHHS) since July 2001, being first appointed by Governor Kenny Guinn and reappointed by Governor Jim Gibbons. He is responsible for oversight of the largest department in Nevada state government, with approximately 5,200 employees and 29% of the state budget. The divisions within DHHS include Aging Services, Child and Family Services, Health, Health Care Financing and Policy, Mental Health and Developmental Services, Welfare and Supportive Services, and the Office of the Public Defender. Major programs within the Director's Office include Senior and Disability Rx, Office of Aging & Disability Services, Office of Suicide Prevention, the Grants Management Unit, and the newly created Office of Information Technology. Mr. Willden has been recognized numerous times by various organizations in the state for his advocacy in human services. He has also served on several state boards and commissions, including the Welfare Reform Task Force, Child Care Advisory Board, Early Intervention Interagency Coordinating Council, Developmental Disabilities Planning Council, Commission on Aging, Governor's Statewide Work Investment Board, Certified Public

Manager's Advisory Board, and the Nevada Academy of Health Steering Committee. Prior to his appointment as Department Director, Mr. Willden was the State Welfare Administrator and worked in that agency in different capacities for 25 years, beginning his career as a case worker. A native Nevadan, he earned a degree in Business Administration from Southern Utah University.

Charles Duarte has served as the Administrator of the Nevada Division of Health Care Financing and Policy since August 2000. He is responsible for administering the state's Medicaid and SCHIP programs with an annual budget of over \$1.4 million and which provide health coverage for more than 200,000 residents. He successfully directed a major division reorganization of staff and systems from being paper-intensive to technology-based, along with leading the design, development and implementation of a HIPAA-compliant Medicaid Management Information System. In September 2009, Mr. Duarte was recently appointed by the Governor to the Nevada Health Information Technology Blue Ribbon Task Force, and has served on the Health Division Primary Care Advisory Council since April 2008. Prior to Nevada, he served as the Medicaid Administrator for the State of Hawaii and as the executive director for one of Hawaii's federally-qualified health center. Mr. Duarte also has experience in health insurance coverage and health services marketing. He is an active member of the National Association for State Medicaid Directors, and has served on various state boards and commissions throughout his career. Mr. Duarte earned his Bachelor of Science degree in Medical Technology and Masters in Business Administration from the University of Hawaii, Honolulu.

Ernesto Hernandez joined the Nevada State Health Division in 1994 as a project analyst working with vendors and developers to implement a statewide Immunization Registry. Currently, he is the IT manager for the Health Division, directing and managing the functions and staff of the Division's Office of Informatics and Technology and responsible for the deployment of all technology within the agency, including the establishment of specifications, standards and design of the IT infrastructure to support all the Division's programs. Mr. Hernandez also serves as the DHHS IT Information Security Officer and as a member of the Nevada IT Security Committee, ensuring that agencies meet state and federal requirements for the protection of health information. He also established the Security Awareness Committee and Committee on Privacy and Confidentiality, to ensure Health Division compliance with HIPAA and state privacy laws. Mr. Hernandez retired from the U.S. Coast Guard after serving

20 years as a communications specialist. His assignments included being part of a team providing IT support to NASA's Space Transportation System (STS) Program and being part of the Command, Control, and Communications Intelligence (C3I) staff working with headquarter personnel coordinating the development and providing support enhancing the IT infrastructure for the Pacific Area Coast Guard shore and units afloat. Mr. Hernandez is a Certified Novell Engineer.

Mel Rosenberg has worked for the State of Nevada, in the Division of Health Care Financing and Policy, since February 2003. As the Division's Information Systems Manager, he is responsible for managing all information technology and information systems functions. Mr. Rosenberg was a key member of the team that designed, developed and implemented the division's HIPAA-compliant Medicaid Management Information System, and managed the \$20 million implementation contract for the system. He re-engineered the division's IT strategy to meet growing and changing division needs and led major revisions in division IT policy to better meet HIPAA and CMS requirements. Mr. Rosenberg led the implementation of a web-based process for division policy review and is doing the same for security requests. He is responsible for the division application architecture, utilizing both commercial and open-source tools to meet agency needs. Prior to coming to Nevada, Mr. Rosenberg worked for several high tech companies, including Intel, Cadence Design Systems and Seibel Systems, where he directed and managed customer support, education and IT functions. He also has experience in product engineering and technical marketing, and holds both a Bachelor of Science and a Master of Science in Electrical Engineering from the University of Florida.

Shawna DeRousse has been with the State of Nevada for over 5 years. She is currently the Administrative Services Officer for the Department of Health & Human Services Director's Office. Ms. DeRousse's responsibilities include biennial budget development, oversight of the Director's Office budget accounts, department-wide federal financial reporting, and acting as the Director's Office liaison to the State Budget Office, Legislative staff, committees and auditors. In 2009, Ms. DeRousse graduated from the Nevada's Certified Public Manager program, a nationally accredited effort created to groom our future leaders. Shawna holds Bachelors of Science degrees in Strategic Management and Human Resources Management from California State University, Sacramento.

Peggy Martin has been with the State Of Nevada for just over 11 years. Currently, she is a Management Analyst for the Nevada Division of Health Care Financing and Policy, where she has worked since January 2008. Peggy's responsibilities include project management and supporting the Medicaid Management Information System. From April 2004 to December 2007, Ms. Martin was a Management Analyst for the state Department of Information Technology, where she was the contractual liaison, project monitor and problem-solver between state agencies, contractors and her department. Her state work experience includes working as a management analyst for the state welfare division and as a personnel analyst for the state department of personnel, where she was involved with data collection systems and database management. Ms. Martin earned her Bachelor of Science degree in Business Administration from the University of Nevada, Reno, where she also earned a Certificate in Human Resources Management. She also is a state Certified Contracts Manager.

Theresa Presley has worked for the State of Nevada for approximately 3 years. Since December 2006, she has served as the Information Security Officer for the Nevada State Health Division's Office. Prior to that, Ms. Presley was an Auditor for the Nevada Department of Taxation. She has spent 22 years in private sector healthcare with Washoe Health Systems, working initially in Accounting, followed by 17 years in Information Technology. Her IT experience encompassed Customer Support, Application Analysis and IT Project Management, and she was involved in the implementation of financial, clinical and integration systems. Ms. Presley holds an Associate of Arts degree in Business.

Jim Gibbons
Governor

STATE OF NEVADA

Daniel H. Stockwell
CIO/Director



DEPARTMENT OF INFORMATION TECHNOLOGY

400 West King Street, Suite 300
Carson City, Nevada 89703-4204
(775) 684-5800

10/13/2009

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal:

The Nevada Department of Information Technology (DoIT) maintains statutory responsibility for maintaining and supporting the state's IT infrastructure. Whereas the Nevada State Health Division is directly responsible for promoting and protecting the health of all Nevadans and visitors to the state coupled with the enforcement of public health laws and regulations, DoIT supports the state's efforts in developing and implementing a statewide health information exchange to improve the quality and efficiency of health care through the exchange of real time information. We have a long history working with the Health Division and are committed to assisting our sister agency in achieving this goal.

Department point of contact:

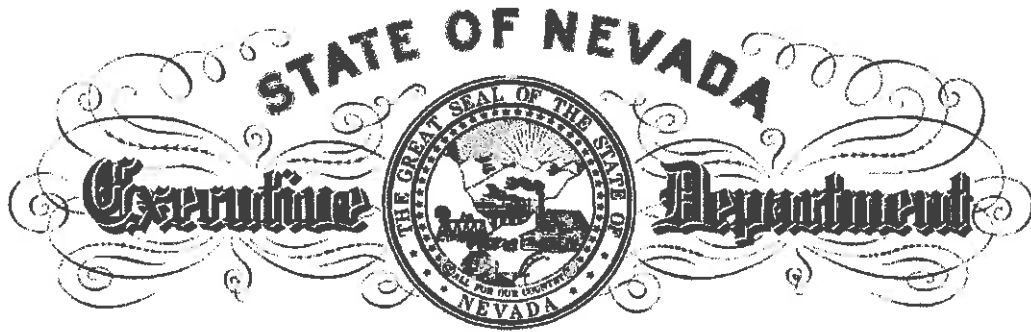
Name: David Gustafson
Title: Deputy Director
Department: Department of Information Technology
State: Nevada
Address: 400 West King St. Ste. 300, Carson City, Nevada 89703

Phone: 775-684-5800
Fax: 775-684-5846
Email: dgustafson@doit.nv.gov

Sincerely,

A handwritten signature in blue ink, appearing to read "Daniel H. Stockwell", with a long, sweeping underline.

Daniel H. Stockwell
Director/CIO



**EXECUTIVE ORDER BY THE GOVERNOR
ESTABLISHING THE NEVADA HEALTH INFORMATION TECHNOLOGY
BLUE RIBBON TASK FORCE**

WHEREAS, the provision of quality health care in Nevada is an issue of vital importance to all people across the state; and

WHEREAS, the quality, safety, efficiency, and effectiveness of the health care system is of vital concern and interest to the State of Nevada; and

WHEREAS, the use of secure and interoperable electronic health information systems will lead to increased efficiency and effectiveness by reducing redundant tests, supplying clinicians with information on cutting-edge clinical research, and ensuring that all participants in the health care system have the right information at the right time; and

WHEREAS, providing Nevadans with access to comprehensive cost and quality information will enable them to make informed decisions about their health care; and

WHEREAS, the ability to securely share health information electronically between health facilities and health care providers will improve health care for our citizens by reducing medical errors, improving patient safety, and making Nevada's health care system more efficient and affordable; and

WHEREAS, Nevada's health care stakeholders have made and will continue to make significant investments in health information technology; and

WHEREAS, there is a risk of potentially conflicting standards for health information technology in the health care community, which will make it difficult to appropriately share patient information and jeopardize the health care improvements that can come from the greater use of electronic medical records; and

WHEREAS, the use of a secure statewide health information exchange will assure necessary electronic health information is available to health care practitioners providing services at the point of care for all patients while ensuring the privacy of personal medical information; and

WHEREAS, to assure Nevada citizens obtain the maximum potential values from the increased use of health information technology, state government, private and nonprofit leaders must collaborate to further advance interoperable information technology and statewide health information exchange and to control the cost of health care; and

WHEREAS, the creation and implementation of a health information network is contingent on adequate planning by experts and stakeholders in healthcare, information technology, government, insurance, business and other industries; and

WHEREAS, Nevada's state, private and nonprofit leaders should also coordinate with our bordering states, which are currently developing their own statewide health information exchanges, and all states should align to effect cross-border privacy and security policies, information sharing practices, and possible regional approaches to health information exchange; and

WHEREAS, the United States Congress has made available funding for Health Information Technology planning and implementation through the American Recovery and Reinvestment Act of 2009; and

WHEREAS, Article 5, Section 1 of the Nevada Constitution provides that "The supreme executive power of this State, shall be vested in a Chief Magistrate who shall be the Governor of the State of Nevada."

NOW, THEREFORE, I, Jim Gibbons, Governor of the State of Nevada, by virtue of the power and authority vested in me by the Constitution and laws of the State of Nevada do hereby establish the Nevada Health Information Technology Blue Ribbon Task Force to be comprised of sixteen (16) members appointed by the Governor. The members serve at the pleasure of the Governor, and the Task Force sunsets on June 30, 2011 unless extended by Executive Order.

The Health Information Technology Blue Ribbon Task Force will guide and oversee actions, encourage coordinated efforts in the private health care sector, further public and private partnerships for the development of a statewide health information infrastructure, maximize federal financial support with the goal of adoption of a sustainable e-health information infrastructure, and steer the implementation of Health Information Technology in the State of Nevada.

The responsibilities of the Task Force shall include, but not be limited to, the following:

- Provide state leadership and coordination of health information exchange and related efforts;
- Promote education and engagement among stakeholders in building a knowledge base of "lessons learned" to facilitate the successful implementation of health information exchange;
- Encourage public and private partnerships for the development of a sustainable statewide health information exchange infrastructure;
- Facilitate a statewide dialogue on privacy and security of patient health information exchange in an interconnected health care delivery system;
- Encourage health information exchange initiatives at the local, county, regional and state level;
- Develop performance metrics to measure the success of the implementation of health information technology throughout Nevada;
- Identify opportunities and strategies for a public/private partnership approach to create financially viable and sustainable business models for health information technology;
- Develop recommendations for a proposed governance structure for a Health Information Exchange that is representative of the needs and interests of the stakeholders;
- Review and recommend a model for financing a sustainable health information exchange;
- Recommend an information technology architecture that facilitates the deployment and use of health information technology and a health information exchange; and
- Identify and recommend data sources and standards to facilitate health information exchange, as well as security and privacy of personal health information.

BE IT FURTHER ORDERED, that the Task Force shall submit preliminary recommendations to the Governor's Office no later than April 30, 2010 regarding revisions to state laws and regulations that may impede the exchange of health care information or to further protect sensitive personal health information, and to present potential health information technology projects and related funding for inclusion in the Governor's recommended budget for Fiscal Years 2011-2012 and 2012-2013.

BE IT FURTHER ORDERED, that the Task Force shall submit a status report and recommendations to the Governor's Office no later than November 30, 2010 regarding the current status of health care information exchange adoption by the health care delivery system in Nevada, emerging security and privacy issues related to the adoption of interoperable health care information exchange in Nevada, and framework, functions, and implementation strategies for a sustainable health information exchange in Nevada.

BE IT FURTHER ORDERED, that the Director of the Department of Health and Human Services shall provide appropriate staff support as necessary to facilitate the activities and functions of the Nevada Health Information Technology Blue Ribbon Task Force.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Nevada to be affixed at the State Capitol in Carson City, this eleventh day of September, in the year two thousand nine.



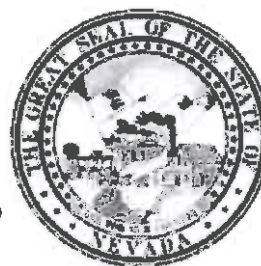

Governor of the State of Nevada

By the Governor:


Secretary of State

Deputy Secretary of State

Governor Jim Gibbons



For Immediate Release: September 16, 2009

GOVERNOR SIGNS EXECUTIVE ORDER CREATING HEALTH INFORMATION TECHNOLOGY TASK FORCE

Carson City - Governor Jim Gibbons today announced the formation of the Health Information Technology Blue Ribbon Task Force. The task force will consist of experts and stakeholders in healthcare, information technology, government, insurance, business and other industries.

A statewide health information technology network will provide higher quality health care by improving the continuity of patient treatment, reducing duplicative treatments or tests, and enabling early detection of infectious disease outbreaks. Also, the use of a secure statewide health information exchange will give healthcare providers access to vital health information at the point of the patient care, while ensuring the privacy and security of personal medical information.

The Health Information Technology Blue Ribbon Task Force will provide recommendations to the Governor's Office by April 30, 2010. Funding for health information technology planning and implementation has been made available through the American Recovery and Reinvestment Act of 2009 (ARRA-Stimulus Package).

Governor Gibbons has appointed the following to the Health Information Technology Blue Ribbon Task Force:

Tracey	Green	State Health Officer	State of Nevada
Raymond	Rawson	Regent	Nevada System of Higher Education
Chuck	Duarte	Administrator	Nevada Division of Health Care Financing & Policy
Leslie	Johnstone	Executive Director	Nevada Public Employees' Benefits Program
Tom	Chase	CEO	Nevada Health Centers
Scott	Kipper	Commissioner	Nevada Division of Insurance
Marc	Bennett	President & CEO	HealthInsight
Robert	Schaich	SVP & CIO	UnitedHealthcare Nevada
Chris	Bosse	VP of Government Relations	Renown
Brian	Brannman	COO	University Medical Center
Maurizio	Trevisan	Executive Vice Chancellor	Nevada System of Higher Education
Steven	Loos	M.D.	Great Basin Imaging
Bobbette	Bond		Southern Nevada Health Care Coalition
Robert	Dornberger	V.P. of Information Technology	Scolari's Food & Drug Co.
Rick	Hsu	Partner	Maupin, Cox & Legoy
Glenn	Trowbridge		Consumer Representative

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIRECTOR'S OFFICE
4126 Technology Way, Suite 100
Carson City, Nevada 89706
Telephone (775) 684-4000 • Fax (775) 684-4010
<http://dhhs.nv.gov>

FOR IMMEDIATE RELEASE

DATE: October 6, 2009
CONTACT: Ben Kieckhefer, Public Information Officer
(775) 684-4024; bkieckhefer@dhhs.nv.gov

Lynn O'Mara Appointed Health Information Technology Project Manager

(Carson City, NV) – Department of Health and Human Services Director Michael Willden today announced the appointment of Lynn O'Mara as the state's Health Information Technology Project Manager.

O'Mara will coordinate and manage activities to develop a statewide health information exchange that will improve health care in Nevada through better coordination between physicians, quicker access to laboratory and medical test results, enhanced e-prescribing and the broader use of electronic health records, among other tools.

"Ms. O'Mara brings a wealth of knowledge to this newly created position," Willden said. "Her experience as a health care provider and in high tech, public health, corporate communications and strategic planning will be important as we move forward with Nevada's health information exchange implementation."

In early 2010 states will be receiving federal American Recovery and Reinvestment Act grants to plan and develop a statewide health information exchange. O'Mara will work with the Governor's Health Information Technology Task Force to submit Nevada's grant application and oversee the planning and implementation.

The first meeting of the task force will be held Friday, Oct. 9 at 9 a.m. in room 4401 of the Grant Sawyer State Office Building in Las Vegas. It will also be video conferenced to the Legislative Building in Carson City, Room 2134.

With the State Health Division since April 2004, O'Mara has provided program management for various initiatives related to medical facilities and health plans, including improving access to services and quality of care. In January 2008, management of the state's Primary Care Office was added to her responsibilities, and she led a much-needed reengineering of the J-1 Visa Waiver program for foreign-born physicians.

(more)

O'Mara has also served as a division legislative liaison, and co-authored legislation passed during the most recent session of the Nevada Legislature.

“There are numerous possibilities for using HIE and technology to achieve cost-effective, high quality health care for all Nevadans,” O'Mara said. “The critical challenges will be establishing a sustainable statewide health technology infrastructure, leveraging the investments already made by the health care community and ensuring the privacy and security of personal health information. I look forward to working with the Task Force and stakeholders to resolve the issues and meet state needs.”

O'Mara earned a Bachelor of Arts from Rosary College and spent ten years working as a Registered Dietitian providing direct patient care and managing clinical staff at both large teaching and small community hospitals in Chicago and southern California. During that time, she earned her Masters in Business Administration from Pepperdine University. Prior to moving to Nevada, Ms. O'Mara spent over ten years in high tech corporate communications and marketing. She has also been an instructor at the Reno campus of the University of Phoenix.

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Nevada Department of Health and Human Services
Helping People – It's Who We Are and What We Do

RESOLUTION

SEP 04 2009

DIRECTOR'S OFFICE
DHHS

A resolution making an allocation from the Contingency Fund in the State Treasury for the support of the Director's Office of the Department of Health and Human Services; and providing other matters properly relating thereto.

WHEREAS, Pursuant to NRS 353.266 and 353.268, the Office of the Governor has submitted a request to the State Board of Examiners for an allocation by the Interim Finance Committee from the Contingency Fund in the State Treasury to supplement the appropriation made in section 2 of chapter 388, Statutes of Nevada 2009, for unforeseen expenses relating to the American Recovery and Reinvestment Act of 2009; and

WHEREAS, This allocation is necessary to pay the costs of adding the new position of project manager to coordinate statewide planning for health information technology with stakeholders and to write applications for competitive grants for health information technology associated with the American Recovery and Reinvestment Act of 2009 for Fiscal Year 2009-2010 at a cost that exceeds the amount appropriated for this purpose; and

WHEREAS, Pursuant to NRS 353.268, the State Board of Examiners has considered this request, found that it should be approved and recommended that the sum of \$251,220 be allocated to the Office of the Governor for this purpose; and

WHEREAS, The Interim Finance Committee, pursuant to NRS 353.269, finds that an allocation of \$234,574 should and may lawfully be made to the Director's Office of the Department of Health and Human Services for this purpose; now, therefore, be it

RESOLVED BY THE INTERIM FINANCE COMMITTEE, That the sum of \$234,574 is hereby allocated from the Contingency Fund in the State Treasury to the Director's Office of the Department of Health and Human Services to supplement the appropriation made in section 20 of chapter 388, Statutes of Nevada 2009, to cover unforeseen expenses relating to the costs of adding the new position of project manager to coordinate statewide planning for health information technology with stakeholders and to write applications for competitive grants for health information technology associated with the American Recovery and Reinvestment Act of 2009 for Fiscal Year 2009-2010; and be it further


RESOLVED, That any remaining balance of this allocation must not be committed for expenditure after June 30, 2010, by the Director's Office of the Department of Health and Human Services or any entity to which money from the allocation is granted or otherwise transferred in any manner, and any portion of the money remaining must not be spent for any purpose after September 17, 2010, by either the Director's Office or the entity to which the money was subsequently granted or transferred, and must be reverted to the Contingency Fund on or before September 17, 2010; and be it further

RESOLVED, That the State Controller is hereby directed to transfer the sum of \$234,574 from the Contingency Fund in the State Treasury to the Director's Office of the Department of Health and Human Services.

Adopted this 3rd day of August 2009.

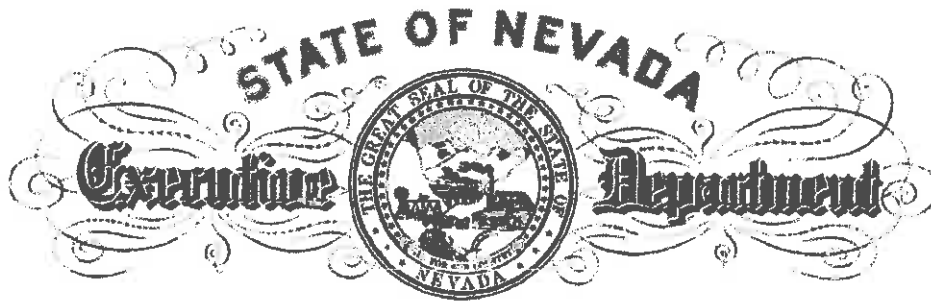

Bernice Mathews, Chair
Interim Finance Committee

ATTEST:


Lorne J. Malkiewich, Director
Legislative Counsel Bureau, and
Secretary, Interim Finance Committee

I ATTEST THAT THIS REPRESENTS AN ORIGINAL DOCUMENT FOR PROCESSING AND PAYMENT PURPOSES.


Lorne J. Malkiewich, Director



**EXECUTIVE ORDER BY THE GOVERNOR
ESTABLISHING THE NEVADA BROADBAND TASK FORCE**

WHEREAS, all Nevadans should have access to affordable and reliable broadband services; and

WHEREAS, expanding broadband availability to Nevadans who are currently unserved or underserved by broadband will enable continued improvements in healthcare, public safety, education, jobs creation, and economic development; and

WHEREAS, the increased availability of broadband technology will improve government operations through better coordination in the areas of public safety, telemedicine for healthcare, and distance learning for education; and

WHEREAS, improved technology literacy and broadband usage for all Nevadans must be achieved; and

WHEREAS, a Nevada plan for improved technology use should be established across multiple community sectors; and

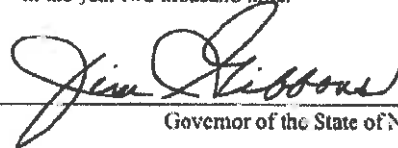
WHEREAS, Nevada should take advantage of the Broadband Technology Opportunities Program established under the American Recovery and Reinvestment Act (public law 115-5) and the Broadband Data Improvement Act (public law 110-385); and

WHEREAS, Article 5, Section 1 of the Nevada Constitution provides that "the supreme executive power of this State shall be vested in a Chief Magistrate who shall be Governor of the State of Nevada."

NOW, THEREFORE, I, Jim Gibbons, Governor of the State of Nevada, by virtue of the power and authority vested in me by the Constitution and laws of the State of Nevada do hereby establish the Nevada Broadband Task Force ("Task Force"). The Task Force shall consist of twelve members appointed by the Governor who will serve at his pleasure. The Governor shall appoint a member to serve as chairman. Members shall be appointed from the following areas: rural health and hospitals, rural K-12 school districts, rural libraries, distance education / higher education, public safety / Nevada Department of Transportation, the telecommunications industry, the cable industry, the wireless industry, local government, Public Service Commission / State of Nevada, Nevada Commission on Economic Development, city/county organizations, and Nevada native Americans. The Task Force shall identify and remove barriers to broadband access and identify opportunities for increased broadband applications and adoption in unserved and underserved areas of Nevada. The Task Force shall also, to the extent permitted by law, oversee all necessary duties and responsibilities to reach the goal to expand broadband technology including the application of federal funding/grants, grant compliance, mapping and data management. The Task Force shall meet as soon as practicable to carry out its mission.



IN WITNESS WHEREOF, I have hereunto set
my hand and caused the Great Seal of the
State of Nevada to be affixed at the State
Capitol in Carson City this fifteenth day of July,
in the year two thousand nine.


Governor of the State of Nevada

By the Governor:


Secretary Of State

Deputy Secretary Of State

J. Budget Narrative/Justification**Summary**

Object Class Category	Federal Funds	Non- Federal Cash	Non- Federal In- Kind	Total
Personnel	694,044	141,973		836,017
Fringe	287,772	58,863		346,635
Travel	233,297	26,567		259,864
Equipment				-
Supplies	152,923	26,373		179,296
Contractual				-
Other				-
Total	1,368,036	253,776		1,621,812

Nevada Department of Health and Human Services		Grant Year			
Health Information Exchange Cooperative Agreement Program					
Proposed Budget		First	Second	Third	Fourth
		Total			
Fringe Benefits	\$ - \$	-	\$ -	\$ -	\$ -
Travel: Out of State	\$ -	-	\$ -	\$ -	\$ -
Travel: In-State	\$ -	-	\$ -	\$ -	\$ -
Equipment	\$ -	-	\$ -	\$ -	\$ -
Supplies	\$ -	-	\$ -	\$ -	\$ -
Contractual	\$ 600,000	\$ 1,600,000	\$ 1,300,000	\$ 565,390	\$ 4,065,390
Other (Includes Consultants)	\$ -	-	\$ -	\$ -	\$ -
Indirect Charges	\$ -	-	\$ -	\$ -	\$ -
Subtotal Admin. Implementation	\$ 600,000	\$ 1,600,000	\$ 1,300,000	\$ 565,390	\$ 4,065,390
Total Administrative Costs	\$ 1,742,586	\$ 2,034,431	\$ 1,666,374	\$ 943,812	\$ 6,387,203
Program Costs					
Planning					
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
Travel: Out of State	\$ -	\$ -	\$ -	\$ -	\$ -
Travel: In-State	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -

Nevada Department of Health and Human Services					
Health Information Exchange Cooperative Agreement Program					
Proposed Budget					
		Grant Year			
		First	Second	Third	Fourth
		Total	Total	Total	Total
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Includes Consultants)	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Charges	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal Program Planning Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Implementation					
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
Travel: Out of State	\$ -	\$ -	\$ -	\$ -	\$ -
Travel: In-State	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Includes Consultants)	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Charges	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal Program Implementation Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Total Program Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Total Project Costs	\$ 1,742,586	\$ 2,034,431	\$ 1,666,374	\$ 943,812	\$ 6,387,203



JIM GIBBONS
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 116
Carson City, Nevada 89701

MICHAEL J. WILLDEN
Director

CHARLES DUARTE
Administrator

September 10, 2009

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

Please accept this letter from Nevada Information Community Health Exchange (NICHE) as an indication of our intent to apply for a grant to develop a State Plan during the life of this cooperative agreement for the promotion of health information technology for the State of Nevada.

We will apply for planning funds under the following number and funding opportunity title:

Number: EP-HIT-09-001

Title: American Recovery and Reinvestment Act of 2009, State Grants to Promote Health Information Technology Planning and Implementation Projects

The primary Point of Contact is:

Charles Duarte, Division Administrator,
Division of Health Care Financing & Policy
1100 E. William St., Suite 101, Carson City, Nevada 89701, (775) 684-3677,
cduarte@dhcfp.nv.gov

Other key personnel will include:

Ernesto Hernandez, IT Manager, Department of Health and Human Services,
(775) 684-5923, ehernandez@health.nv.gov

Mel Rosenberg, IT Manager, Division of Health Care Financing & Policy,
(775) 684-3736, mrosenberg@dhcfp.nv.gov

Shawna DeRousse, Administrative Services Officer,
Department of Health and Human Services,
(775) 684-3494, sderousse@dhhs.nv.gov

Peggy Martin, Management Analyst, Division of Health Care Financing & Policy,
(775) 684-3735, Peggy.Martin@dhcfp.nv.gov

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Theresa Presley, IT Professional, Health Division,
(775) 684-4110, tpresley@health.nv.gov

We have a broad base of stakeholders in the NICHE which include:

HealthInsight (Nevada)
Nevada Rural Hospital Partners (NRHP)
University of Nevada
United Healthcare, Nevada market
Southern Nevada Medical Industry Coalition
Nevada Health Information Management Services Society (HIMSS)
Renown Health
Hospital Corporation of America
Nevada Health Centers
Culinary Health Fund
University Medical Center of Southern Nevada
Nevada Hospital Association
Health Access Washoe County (HAWC)
Nevada Health Care Forum
Nevada Chapter of Medical Group Management Association
Nevada Chapter of Healthcare Financial Management Association
Nevada Chapter of American College of Healthcare Executives

We will not be applying for funding for a Regional Center.

We are very pleased with our progress in the Health Information Exchange (HIE) capacity domains and further intend to leverage existing efforts from our stakeholders to advance health information exchange in the State of Nevada as indicated by the following:

Legal and Policy Capacity

The State of Nevada recently passed groundbreaking legislation regarding the protection of personal information. Nevada Revised Statutes 603A has been revised by Senate Bill 227 mandating encryption of personal information. The Office of Information Security in support of this legislation and their mission of secure data exchange is implementing state of the art audit and encryption tools.

Governance Capacity

The State of Nevada has initiated the conversation with healthcare providers, payers and interested parties regarding health information exchange. The Governor has sought and received funds through the Nevada Legislature's Interim Finance Committee for an American Recovery and Reinvestment Act Director and executive assistant. The Director of the Department Health and Human Services has sought and received funding for a HIT / HIE Project Manager. Governor Jim Gibbons will issue an executive order creating the Nevada Health Information Technology Blue Ribbon Task Force to provide advice and guidance on the planning and adoption of a statewide health information exchange. The panel, comprised of diverse stakeholders and industry leaders, will review laws, regulations, policies, governance and financing issues related to the

adoption of Health Information Technology in Nevada, and will make recommendations to the Governor and other state leaders.

Business and Technical Operations Capacity

The business and technical operations capacity is illustrated by the strategic innovations of four of our principle stakeholders: (1) HealthInsight; (2) Nevada Rural Hospital Partners; (3) University of Nevada; and, (4) United Healthcare.

(1) HealthInsight, through the CMS Doctors office Quality - Information Technology (DOQ-IT) contract in Nevada's QIO 8th Scope of Work, (August 2005-July 2008), promoted more reliable delivery of preventive services and the effective management of patients with chronic diseases through the adoption, implementation, and effective use of health information technology in conjunction with redesigned patient care processes. They have worked with primary care clinics to help them prepare for, choose, implement, and use electronic health records to improve care.

(2) Nevada Rural Hospital Partners (NRHP) is a voluntary consortium of 14 of Nevada's 15 small, rural, and frontier hospitals serving approximately 350,000 constituents in a geographic area encompassing 91,000 square miles.

Through a HRSA grant in 2003 they initiated integration between 24 different hospital systems at 8 facilities and processes approximately 7 million messages per month. They continue to develop this model by expanding a state wide rural teleradiology network. Their Diagnostic Imaging Solution for Rural Nevada archive supports HIPAA regulations by providing off-site storage of radiology images and processes approximately 275,000 images monthly.

(3) University of Nevada (UN),

- i. The Nevada Center for Health Statistics and Informatics provides technical capacity and collaborative opportunities for researchers and health professionals in Nevada. Projects the Center conducted include "Improvement of Early Periodic Screening, Diagnosis and Treatment (EPSDT) program through enhancing the health informatics capacity", "Analysis and linkages among early intervention services", "Built Environment (database linkages) and Spatial Analysis on Obesity", "Statewide autism databases linkages", "Cancer registry analysis", "Behavioral Risk Factor Surveillance Systems (BRFSS)" and "Analysis between prenatal care cost and health outcomes".
- ii. The UN Center for Health Information and Analysis (CHIA) has developed an extensive database of all inpatient hospital medical claims for Nevada hospitals spanning more than a decade. CHIA is strategically positioned to provide a repository of all claims for licensed ambulatory surgery centers and outpatient hospital facilities. It is developing web-based quality reporting capabilities for hospital and outpatient services based on these data sets. It makes specific Nevada hospital related data available to both the private and public sectors.
- iii. The UN School of Medicine's (UNSOM) efforts for HIE and EHR are tied together as Electronic Health Record (EHR) implementation, the platform

upon which HIE will emanate. UNSOM has worked toward the implementation of a Statewide EHR since 2004 and has operated an established EHR within the Mojave Mental Health practice for several years. UNSOM in partnership with Renown Health, a major community hospital in Northern Nevada, has resulted in a pilot of a complete EHR (EMR and Practice Management) system.

- iv. The UN School of Dental Medicine was designed with capacity for utilization of an advanced technological curriculum and patient care clinic. They operate in a paperless clinic environment which includes an electronic clinic management system, digital radiology, and electronic textbooks. The investment in the information technology system has allowed them to prepare healthcare professionals in the use of information technologies.

(4) United Healthcare Nevada Market - (formerly Sierra Health Services) is a diversified healthcare company with both insurance and healthcare delivery capabilities. Through its subsidiaries (Health Plan of Nevada and Southwest Medical Associates) it has implemented and supported: A fully electronic medical record utilized throughout Southwest Medical Associates supporting 200+ providers in 14 locations in Clark County; a state-wide sponsorship of e-prescribing software in conjunction with the Clark County Medical Society and Allscripts; a web-based facility to allow contracted providers in the Health Plan of Nevada provider network to submit and receive electronic patient referrals within the network; web-based portals for both providers and patients to enable their online access to insurance benefit and eligibility information, claims information, prior authorization and referral information plus medical record data; and a Portable Medical Record that provides a secure link to current patient medical record information on a mini-diskette that can be carried in a patient's wallet or purse.

Technical Infrastructure

The State of Nevada has spent significant effort and money in data communication infrastructure. We continue to expand connectivity and increase capacity throughout the state and especially within the rural communities to serve the needs of its citizens.

Nevada Medicaid and the Nevada Check Up Program (Nevada's Children's Health Insurance Program) offers providers electronic tools, including e-Prescribing, to save valuable time, build staff efficiency and enhance the safety of the prescribing process with an electronic prescribing connection with pharmacies. The computer-to-computer process is safer and more secure for recipients, prescribers and pharmacies, because paper faxes are eliminated.

The Division of Health Care Financing & Policy, as part of an upcoming procurement, intends to add the requirement for the successful proposer to provide an HIE that may be used by all Medicaid providers. It is also intended to integrate clinical data and claims history from multiple data sources making this available through an HIE.

Financial Capacity

HealthInsight has spent approximately \$ 1,564,909 to help physicians adopt and use electronic health records to improve care.

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The State of Nevada has spent over \$ 6.9 million in data communication infrastructure over the last five years.

Funding has been demonstrated in the specifics provided in the previous domains both within the State of Nevada government and its' stakeholders.

NICHE is also focused on becoming a principal element in the development of health information exchanges between states and eventually a national information technology program.

NICHE will be specifically focused on the interest of the public we serve to create an inclusive health information sharing community to:

- Improve patient safety through informed decisions based on patient's medical history
- Improve the efficiency of health care delivery, by allowing providers to make informed decisions based on more effective information access
- Improve the quality of patient care providing information on evidence-based patient information
- Help reduce the costs of services delivery by increasing the effectiveness of health care delivery in our state

Thank you for the opportunity to submit this Letter of Intent to participate in the State Grants to Promote Health Information Technology Planning and Implementation Projects.

Sincerely,

A handwritten signature in cursive script, appearing to read "Charles Duarte".

Charles Duarte
Administrator

